



Date

Claim No.

Folio No.

## DECLARATION OF ENTITLEMENT

### For DEPENDENT OF DECEASED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE

#### Reminder

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

**For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.**

Print name(s) of dependent(s)		
Mailing address		
City	State	ZIP
Residence is the same as MAILING address: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO list residence address		

I/we was/were financially dependent upon the deceased named:
Relationship was:
The children / dependents reside with me Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, list names and addresses of dependents not residing with you.

The circumstances of my/our dependency have not changed since the fatal industrial accident and proof of my/our claim was submitted to the Department of Labor and Industries. Any change in status of this claim must be reported, such as death of a dependent, financial aid and acquisition of property which would alter the dependency circumstances. If there has been any change since you submitted the last declaration, please complete the following: **Your statement may change your monthly benefit. Failure to report employment marriage, dependent changes or incarcerations to continue benefits may result in civil or criminal charges.**

Relationship of any dependent who has died	Date of death	My/our income per month from all sources, exclusive of this person is: \$
Do you continue to be dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Since you last submitted the Declaration of Entitlement form have you been convicted of a crime and under sentence?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? Where?

#### Notary Signature Required

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
My commission expires

**Under Penalty of perjury, I declare the above statements true.** If you sign by **mark**, please have a witness print your name, then personally make your mark.

Social Security # (ID only)	Phone #
Date	Signature
<b><i>If signed by mark, witness signature here.</i></b>	